

# THE WORKS

## Memorial University Recreation Complex Intramural Entry Form

Activity: \_\_\_\_\_ Name of Team: \_\_\_\_\_

League: Men's \_\_\_\_\_ Women's \_\_\_\_\_ Co-ed \_\_\_\_\_

Division (If applicable): \_\_\_\_\_

Sports Rep: \_\_\_\_\_ Team Captain: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Telephone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Email Address: \_\_\_\_\_

Each participant must read the waiver clause and signs in the designated column indicating that they have done so.

**Waiver:** Participation in athletics and recreation activities involves the risk of personal injury. The use of the equipment, facilities and premises of The Works by persons participating in athletics and recreation activities shall constitute acceptance of that risk regardless of the nature of the injury. The Works, its officers, employees and agents shall not be liable for any injury, loss or damage of sustained or suffered by persons participating in athletics or recreation activities at the university, whether caused either directly or indirectly by the negligence or fault of The Works, its officers, employees or agents or otherwise.

### Team Roster

	Name (print)	Student ID #	Telephone #	Signature	Date
1					
2					
3					
4					
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